VOSH PROGRAM DIRECTIVE: **02-106** **ISSUED**: **01 June 2013**

SUBJECT: **Nursing and Residential Care Facilities, Inspection Procedures**

Purpose This directive provides inspection procedures for VOSH personnel for conducting safety and health inspections in nursing and residential care facilities covered under NAICS codes 6231, 6232 and 6233. The specific hazards being addressed include ergonomic stressors in patient lifting, bloodborne pathogens, tuberculosis, workplace violence, and slips, trips, and falls. Nursing and residential care facilities regularly appear on the VOSH General Schedule for planned inspections and the VOSH Site Specific Targeting list. VOSH may also receive referrals, employee complaints or First Reports of Injury (FRI) which could result in a First Report of Injuries and Illnesses Local Emphasis Program (LEP) inspection (See VOSH Program Directive 14-005B).

This Program Directive is an internal guideline, not a statutory or regulatory rule, and is intended to provide instructions to VOSH personnel regarding internal operation of the Virginia Occupational Safety and Health Program and is solely for the benefit of the program. This document is not subject to the Virginia Register Act or the Administrative Process Act; it does not have general application and is not being enforced as having the force of law.

Scope This directive applies VOSH-wide.

Reference OSHA Instruction CPL 03-00-016 (April 5, 2012)

Cancellation None.

Summary Key terms are defined, inspection procedures are provided, and information on Integrated Management Infromation System (IMIS)/OSHA Information System (OIS) coding is given. There are eight (8) appendices that provide additional information: a quick reference for compliance safety and health officers (CSHOs); a release and consent form; a list of resources available to CSHOs and employers; sample General Duty alleged violation description (AVD) for resident handling hazards and for MRSA exposure; Federal references; sample ergonomics hazard alert letter; and sample workplace violence hazard alert letter.

Effective Date 01 June 2013

Action Directors and Managers shall ensure that VOSH personnel understand and enforce the requirements of this directive.

Courtney M. Malveaux
Commissioner

Distribution: Commissioner of Labor and Industry
Assistant Commissioner
VOSH Directors and Managers
Legal Support and IMIS Staffs
Consultation Manager
VOSH Compliance and Consultation Staffs
OSHA Region III and OSHA Norfolk Area Offices

When the guidelines, as set forth in this Program Directive, are applied to the Commissioner of the Department of Labor and Industry and/or to Virginia employers, the following federal terms if, and where they are used, shall be considered to read as below:

Federal Terms	VOSH Equivalent
OSHA	VOSH
Federal Agency	State Agency
Agency	Department
Regional Administrator	Assistant Commissioner
Area Director	Regional Director VOSH Program Director
Area Office/Regional Office	Regional Office
Regional Solicitor	Attorney General or VOSH Division of Legal Support (DLS)
Office of Statistics	VOSH Research and Analysis
29 CFR	VOSH Standard
Compliance Safety and Health Officer (CSHO)	CSHO
OSHA Directives:	***VOSH Program Directives:***
OSHA Field Operations Manual (FOM) (04/22/11)	PD 02-001F, VOSH Field Operation Manual (FOM) (06/01/11)
CPL 02-00-106, Enforcement Procedures and Scheduling for Occupational Exposure to Tuberculosis (02/09/96)	PD 02-433, Enforcement Procedures and Scheduling for Occupational Exposure to Tuberculosis (03/15/99)
CPL 02-00-025, Scheduling System for Programmed General Inspections (01/04/95)	PD 02-051A, Scheduling System for Programmed General Inspections (02/22/90)
CPL 02-02-069, Enforcement Procedures for the Occupational Exposure to Bloodborne Pathogens (11/27/01)	PD 02-400B, Enforcement Procedures for the Occupational Exposure to Bloodborne Pathogens (02/01/02)
CPL 02-00-106, Enforcement Procedures and Scheduling for Occupational Exposure to Tuberculosis (02/09/96)	PD 02-433, Enforcement Procedures and Scheduling for Occupational Exposure to Tuberculosis (03/15/99)

CPL 02-00-135, Recordkeeping Policies and Procedures Manual (RKM) (12/30/04)	09-104, Recordkeeping Policies and Procedures Manual (RKM)(08/01/12)
CPL 02-02-038, Inspection Procedures for the Hazard Communication Standard (03/20/98)	PD 02-060A, Inspection Procedures for the Hazard Communication Standard (09/15/98)
CPL 02-02-072, Rule of Agency Practice and Procedure Concerning OSHA Access to Employee Medical Records (08/22/07)	PD 02-022A, Rules of Agency Practice and Procedure Concerning OSHA Access to Employee Medical Records (11/01/09)
STD 01-01-013, Fall Protection in General Industry (04/16/84)	PD 12-201, Fall Protection in General Industry (12/24/85)

Table of Contents

I. Background

Nursing and residential care facilities continue to have one of the highest rates of injury and illness among industries for which nationwide days away, restricted work activity and job transfer (DART) injury and illness rates were calculated for Calendar Year 2010 (CY 2010). According to data from the Bureau of Labor Statistics (BLS), the national average DART rate for private industry for CY 2010 was 1.8. Nursing and residential care facilities, i.e., employers within NAICS 6231, 6232 and 6233, experienced average DART rates of 5.6, 3.9 and 4.7, respectively, despite the availability of feasible controls which have been identified to address hazards within this industry.

NAICS	Description
623110	Nursing Care Facilities (Skilled Nursing Facilities)
623210	Residential, Intellectual and Developmental Disability Facilities
623220	Residential Mental Health and Substance Abuse Facilities
623311	Continuing Care Retirement Communities
623312	Assisted Living Facilities for the Elderly

Inspections in nursing and residential care facilities within NAICS 6231, 6232 and 6233 will focus primarily on the following hazards which are prevalent in the industry, specifically exposure to blood and other potentially infectious materials; exposure to tuberculosis; ergonomic stressors relating to resident handling; workplace violence; and slips, trips, and falls. Calendar Year (CY) 2010 data from the BLS indicate that an overwhelming proportion of the injuries within this industry were attributed to overexertion-related incidents. As an example, 48% of all reported injuries in nursing care facilities for CY 2010 were due to overexertion. Injuries from slips, trips, and falls were also very commonly reported among the nonfatal occupational injury and illness cases reported in nursing and residential care facilities. Taken together, overexertion and slips, trips, and falls accounted for 51.4% of all reported cases with days away from work within this industry for CY 2010.

OSHA enforcement data from the IMIS/OIS indicate that the most frequently cited standard in nursing and residential care facilities is 1910.1030, the Bloodborne Pathogens (BBP) Standard. Additionally, employees working in nursing and residential care facilities have been identified by the Centers for Disease Control and Prevention (CDC) as being among the occupational groups with the highest risk for exposure to tuberculosis (TB) due to the case rate of disease among persons $\geq$ 65 years of age. In CY 2009, for example, the CDC reported an overall TB case rate of 3.8 per 100,000 population across all age groups. The corresponding case rate for persons $\geq$ 65 years of age was 5.8 per 100,000 in 2009. [1, CDC]

Workplace violence (WPV) is a recognized hazard in nursing and residential care facilities. The National Institute for Occupational Safety and Health (NIOSH) defines WPV as violent acts (including physical assaults and threats of assaults) directed toward persons at work or on duty. [10, CDC] In 2010, BLS data reported approximately 2,130 assaults by persons in nursing and residential care facilities.

This directive addresses only enforcement-related procedures. Voluntary guidelines published by VOSH/OSHA will not be used as a basis for citations issued under this directive. While voluntary guidelines cannot be directly referenced or mentioned in a citation to support an alleged violation description (AVD) or abatement note, the mere fact that a voluntary guideline mentions a form of abatement like patient lifting devices, does not prohibit VOSH from making a generic reference to patient lifting devices in an AVD or abatement note.

Hazards other than those selected as the target of this directive are likely to exist in nursing and residential care facilities. For example, a commonly recognized hazard in these settings is the exposure to multi-drug resistant organisms (MDROs) such as methicillin-resistant *Staphylococcus aureus* (MRSA). The CDC has identified residents of nursing care facilities among those at increased risk for colonization with MRSA and recommends that employers institute standard precautions and contact precautions to protect workers who must provide care and services to residents colonized or infected with MRSA or other MDROs. [10, CDC] Employee exposures to hazardous chemicals, such as sanitizers, disinfectants and hazardous drugs are also among the other hazards that are commonly encountered in nursing and residential care facilities.

Outreach and training efforts in these settings should include information on commonly recognized hazards (e.g., WPV and MDRO exposures) for the purpose of advancing awareness of those hazards (*See section VI, below, in this directive for some additional information*).

II. Definitions

A. Data Initiative

The OSHA Data Initiative is a nationwide collection of establishment-specific injury and illness data from approximately 80,000 establishments. It collects data from establishments by using the "OSHA Occupational Injury and Illness Data Collection Form." The Data Initiative is OSHA's Annual Survey Form that is referred to in 29 CFR 1904.41.

Note: The 2010 injury and illness data collected by the 2011 Data Initiative was used for the first year in this Program Directive.

B. Days Away, Restricted, or Transferred (DART) Rate

To calculate the DART, use the formula (N ÷ EH) x (200,000) where N is the number of cases involving days away and/or restricted work activity, and/or job transfer; EH is the total number of hours worked by all employees during the calendar year; and 200,000 is the base number of hours for 100 full-time equivalent employees.

For example: Employees of an establishment (XYZ Company) worked 645,089 hours at this XYZ company. There were 22 injury and illness cases involving days away and/or restricted work activity and/or job transfer from the OSHA-300 Log (total of column H plus column I). The DART rate would be (22 ÷ 645,089) x (200,000) = 6.8.

C. Establishment

An establishment is a single physical location where business is conducted or where services are performed.

For a more detailed definition of Establishment, see Chapter 2, paragraph VII.B. of CPL 02-00-135, *Recordkeeping Policies and Procedures Manual [VOSH PD 09-104 (08/01/12) or later version]*.

III. Inspection Procedures

A. NAICS Verification

At the opening conference the CSHO will verify the establishment's NAICS code. As needed, determine the activities which occur at the workplace before determining the appropriate NAICS code.

B. Ownership

1. Determine the corporate name of the employer as well as the name being used by the company for the local facility.

2. In establishments where the ownership has changed, CSHOs can enter into the IMIS/OIS the Dun & Bradstreet DUNS number of the new owner in the appropriate field on the Establishment Detail Screen. If the new owner does not have a new DUNS number, enter the old DUNS (see section VI.B.).

C. Recordkeeping Review and Recalculate DART

1. During inspections under this directive, the OSHA-300 logs for the previous three years will be reviewed. The CSHO will recalculate the DART rates for all three years and record them on the OSHA-1 Form. The DART rate for 2010 (recalculated by the CSHO) will be compared to the DART rate reported by the employer in the OSHA 2011 Data Initiative data collection. A recalculation will not be performed if, for any reason, the relevant records are not readily available. CSHOs will check OSHA-301 Forms, or equivalent, as they deem appropriate to confirm the OSHA-300 Forms.

2. If records are not available for CSHOs to make this determination, proceed with the safety and/or health inspection.

3. If upon initial review of the OSHA-300 logs, it becomes apparent that the employer has over-recorded on the log cases that are not recordable, these cases shall be removed prior to calculating the DART rate.

D. Privacy

1. Residents

a. Respect for residents' privacy must be a priority during any inspection.

b. In evaluating resident handling or other hazards (e.g., BBP, tuberculosis) **DO NOT** review any resident records that include personally identifiable health information, including diagnoses, laboratory test results, etc., provided by the employer.

c. Evaluations of workplace health and safety issues may involve assessment of resident handling. Resident handling activities may take place in resident rooms, restrooms, shower and bathing areas or other areas where the privacy of residents could be compromised. Documenting resident handling activities by recording or photography requires the resident's informed, written consent. Family members or guardians may give consent for those residents who are incapable of giving informed consent (see Appendix B). Contact the Division of Legal Support before videotaping or photographing residents. The DLS Director shall consult with the Health Compliance Director on a case-by-case basis.

2. Employees' Records

a. If employee medical records are needed that are not specifically required by a VOSH standard, e.g., the results of medical examinations, laboratory tests, medical opinions, diagnoses, first aid records, reports from physicians or other health care providers; they must be obtained and kept in accordance with 29 CFR 1913.10, *Rules of Agency Practice and Procedure Concerning OSHA Access to Employee Medical Records [VOSH PD 02-022A (11/01/09) or later version],* and 1910.1020, *Access to Employee Exposure and Medical Records[VOSH PD 12-008 (11/01/09) or later version]*. Medical access orders must be obtained through the VOSH Health Compliance Director. See OSHA Directive CPL 02-02-072, *Rules of Agency Practice and Procedure Concerning OSHA Access to Employee Medical Records*, dated August 22, 2007*[VOSH PD 02-022A (11/01/09)or later version]*, for further information and inspection guidance on obtaining medical access orders.

b. The Department of Health and Human Services' Standards for Privacy of Individually Identifiable Health Information, 45 CFR 164.512 (b)(1)(i), provides that protected health information may be disclosed to a public health authority (e.g., VOSH), which has the authority to collect or receive such information for the purpose of preventing or controlling disease, injury, or to be used in public health investigations (e.g., VOSH

inspection activities) to determine compliance with safety and health regulations.

NOTE: Questions regarding privacy protections should be directed to the Division of Legal Support.

E. Recordkeeping

Recordkeeping issues must be handled in accordance with OSHA Instructions CPL 02-00-135, *Recordkeeping Policies and Procedures Manual [VOSH PD 09-104 (08/01/12) or later version]*, and CPL 02-02-069, *Enforcement Procedures for the Occupational Exposure to Bloodborne Pathogens [VOSH PD 02-400B (02/01/02) or later version]*, or other relevant field guidance. A partial walkthrough should be conducted to interview workers in order to verify the injury and illness experience. Any serious violations that are observed in the vicinity or brought to the attention of the CSHO must be investigated and may be cited.

F. Ergonomics: MSD Risk Factors Relating to Resident Handling

This section provides guidance to VOSH personnel for conducting inspections in accordance with this directive as it relates to risk factors for musculoskeletal disorders (MSDs) associated with resident handling. These inspections shall be conducted in accordance with the FOM, and other relevant VOSH reference documents.

1. Establishment Evaluation. Inspections of MSD risk factors will begin with an initial process designed to determine the extent of resident handling hazards and the manner in which they are addressed. This will be accomplished by an assessment of establishment incidence and severity rates and whether the establishment has implemented a process to address these hazards in a manner which can be expected to have a useful effect.

   CSHOs should ask for the maximum census of residents permitted and the current census during the inspection. Additionally, CSHOs should inquire about the degree of ambulation of the residents, as this information may provide some indication of the level of assistance given to residents or the degree of hazards that may be present.

   Note: If there is indication from injury records, or from employer or employee interviews that other sources of ergonomics-related injuries exist (e.g., MSDs related to office work, laundry, kitchen, or maintenance duties), the compliance officer must include the identified work area and affected employees in the assessment.

2. When assessing an employer's efforts to address resident handling hazards, the CSHO should evaluate program elements, such as the following:

a. Program Management

Whether there is a system for hazard identification and analysis.

Who has the responsibility and authority for compliance with this system?

Whether employees have provided input in the development of the establishment's lifting, transferring, or repositioning procedures.

Whether there is a system for monitoring compliance with the establishment's policies and procedures and following up on deficiencies.

If there have been recent changes in policies/procedures and an evaluation of the effect they have had (positive or negative) on resident handling injuries and illnesses.

b. Program Implementation

How resident mobility is determined?

The decision logic for using lift, transfer, or repositioning devices, and how often and under what circumstances manual lift, transfer, or reposition occurs.

Who decides how to lift, transfer, or reposition residents?

Whether there is an adequate quantity and variety of appropriate lift, transfer, or reposition assistive devices available and operational. Note that no single lift assist device is appropriate in all circumstances. Manual pump or crank devices may create additional hazards.

Whether there are adequate numbers of slings for lifting devices, appropriate types and sizes of slings specific for all residents, and appropriate quantities and types of the assistive devices (such as but not limited to slip sheets, transfer devices, repositioning devices) available within close proximity and maintained in a usable and sanitary condition.

Whether the policies and procedures are appropriate to eliminate or reduce exposure to the manual lifting, transferring, or repositioning hazards at the establishment.

c. Employee Training

Whether nursing and therapy employees have been trained in the recognition of hazards associated with manual resident lifting, transferring, or repositioning, the early reporting of injuries, and the establishment's process for abating those hazards.

Whether the nursing and therapy employees can demonstrate competency in performing the lift, transfer, or repositioning using the assistive device.

3. Occupational Health Management

Whether there is a process to ensure that work-related disorders are identified and treated early to prevent the occurrence of more serious problems; and whether this process includes restricted or accommodated work assignments.

4. Enforcement Options

After evaluating the facility's incidence and severity rates and the extent of the employer's program, a decision will be made about the need to continue the ergonomic portion of the inspection. Where there is a need to address these issues, the region will follow VOSH reference documents in determining whether to send an Ergonomic Hazard Alert Letter (EHAL), other communication, or issue citations. See Appendix G for a sample ergonomics hazard alert letter.

5. Citation Guidance

Refer to the VOSH FOM and other VOSH reference documents prior to proceeding with citation issuance. When conditions indicate that a General Duty Clause citation relating to resident handling may be warranted, the region will treat the inspection as a significant case and follow the procedures in the VOSH FOM. Appendix D is provided only as an example of the language that may be used in an Alleged Violation Description (AVD) for resident handling-related incidents.

G. Slip, Trips, and Falls

This section provides general guidance related to these types of hazards when conducting inspections in a nursing and personal care facility.

1. Evaluate the general work environments, e.g., kitchens, dining rooms, hallways, laundries, shower/bathing areas, points of access and egress, and document hazards likely to cause slips, trips, and falls, such as but not limited to:

a. Slippery or wet floors, uneven floor surfaces, cluttered or obstructed work areas/passageways, poorly maintained walkways, broken equipment, or inadequate lighting.

b. Unguarded floor openings and holes.

c. Damaged or inadequate stairs and/or stairways.

d. Elevated work surfaces which do not have standard guardrails.

e. Inadequate aisles for moving residents.

f. Improper use of ladders and/or stepstools.

2. Note any policies, procedures and/or engineering controls used to deal with wet surfaces. These would include, but are not limited to, ensuring spills are reported and immediately cleaned up, posting signs/barriers alerting employees to wet floors, keeping passageways/aisles clear of clutter, and using appropriate footgear. Where appropriate, evaluate the use of no-skid waxes or other types of coated surfaces designed to enhance surface friction.

3. Citation Guidance. Where hazards are noted, the CSHO should cite the applicable standard (relevant standards can be found in subparts D and J of Part 1910; there are other standards related to slips, trips, and falls).

   If employees are exposed to hazards from falling while performing various tasks, including maintenance from elevated surfaces, then OSHA Instruction STD 01-01-013, *Fall Protection in General Industry [VOSH PD 12-201 (12/24/85) or later version]*, should be reviewed to determine the applicability of 29 CFR 1910.23(c)(1), 1910.23(c)(3) and 1910.132(a).

H. Bloodborne Pathogens.

This section describes procedures for conducting inspections and preparing citations for occupational exposure to blood and other potentially infectious materials (OPIM) in nursing and residential care facilities. This is not an exhaustive list. For further detailed guidance, CSHOs should refer to OSHA Instruction CPL 02-02-069, *Enforcement Procedures for the Occupational Exposure to Bloodborne Pathogens [VOSH PD 02-400B (02/01/02) or later version]*. In addition, outreach and educational materials are available on the Internet and other references are provided in the appendices to this document.

1. Evaluate the employer's written Exposure Control Plan (ECP) to determine if it contains all the elements required by the standard.

2. Assess the implementation of appropriate engineering and work practice controls.

    a. Determine which procedures require the use of a sharp medical device (e.g., use of a syringe for the administration of insulin) and determine whether the employer has evaluated, selected, and is using sharps with engineered sharps injury protection (SESIPs) or needleless systems.

    b. Confirm that all tasks involving sharps have been evaluated for the implementation of safer devices. For example, determine whether the employer has implemented a policy requiring use of safety-engineered needles for pre-filled syringes and single-use blood tube holders; or for use of single-use fingerstick devices for assisted monitoring of blood glucose.

    c. Determine whether the employer solicited feedback from non-managerial employees responsible for direct resident care who are potentially exposed to injuries from contaminated sharps in the identification, evaluation, and selection of effective engineering and work practice controls and whether the employer documented solicitation in the ECP.

3. Ensure that proper work practices and personal protective equipment are in place.

4. Assess whether containment of regulated waste is performed properly.

5. Evaluate and document the availability of handwashing facilities. If immediate access to handwashing facilities is not feasible, ascertain whether skin cleansers are used, e.g., alcohol-based hand sanitizers.

6. Assess the use of appropriate personal protective equipment, e.g., masks, eye protection, face shields, gowns and disposable gloves, including latex-free gloves, where appropriate.

7. Ensure that a program is in place for immediate and proper clean-up of spills, and disposal of contaminated materials, specifically for spills of blood or other body fluids.

8. Ensure that the employer has chosen an appropriate EPA-approved disinfectant to clean contaminated work surfaces and that the product is being used in accordance with the manufacturer's recommendations.

9. Determine that the employer has made available to all employees with occupational exposure to blood or OPIM the hepatitis B virus (HBV) vaccination

series within 10 working days of initial assignment at no cost to the employee and that any declinations are documented.

10. Ensure that healthcare workers who have contact with residents or blood/body fluids and are at ongoing risk for percutaneous injuries are offered a test for antibody to the HBV surface antigen in accordance with the U.S. Public Health Service guidelines. (See CPL 02-02-069, Section XIII.F.); *[VOSH PD 02-400B (02/01/02) or later version]*.

11. Investigate procedures implemented for post-exposure evaluation and follow-up following an exposure incident:

    a. Determine if establishment-specific post-exposure protocols are in place (i.e., where and when to report immediately after an exposure incident).

    b. Determine if medical attention is immediately available, including administration of a rapid HIV test, in accordance with current U.S. Public Health Service guidelines.

12. Observe whether appropriate warning labels and signs are present.

13. Determine whether employees receive training in accordance with the standard.

14. Evaluate the employer's sharps injury log. Ensure that all injuries that appear on the sharps injury log are also recorded on the OSHA-300 log. (Note: As outlined in chapter 2, paragraph II.D. of CPL 02-00-135, *Recordkeeping Policies and Procedures Manual [VOSH PD 09-104 (08/01/12) or later version]*, an employer may use the OSHA-300 as long as the type and brand of the device causing the sharps injury is entered on the log, records are maintained in a way that segregates sharps injuries from other types of work-related injuries and illnesses, or allows sharps injuries to be easily separated, and personal identifiers are removed from the log. However, CSHOs may suggest that employers simply use a separate sharps injury log.) A sample log is available in Appendix D of CPL 02-02-069 *[VOSH PD 02-400B (02/01/02) or later version].*

15. Determine whether the log includes the required fields.

16. Ensure that employees' names are not on the log, but that a case or report number indicates an exposure incident.

17. Determine whether the employer uses the information on the sharps injury log when reviewing and updating its ECP. Failure to use this information is not a violation, but the CSHO should recommend that the information be used for these purposes.

18. Citation Guidance. If an employer is in violation of the Bloodborne Pathogens Standard, the employer will be cited in accordance with CPL 02-02-069 *[VOSH PD 02-400B (02/01/02) or later version].*

I. Tuberculosis (TB)

This section provides guidance for conducting inspections and preparing citations for the occupational exposure to tuberculosis specific to nursing and residential care facilities. This is not an exhaustive list. For further detailed guidance, CSHOs should refer to OSHA Instruction CPL 02-00-106, *Enforcement Procedures and Scheduling for Occupational Exposure to Tuberculosis [VOSH PD 02-433 (03/15/99) or later version].*

1. Determine whether the establishment has had a suspected or confirmed TB case among residents within the previous 6 months prior to the date of the opening conference: if not, do not proceed with this section of the inspection. If a case has been documented or suspected, proceed with the inspection according to the guidance document, CPL 02-00-106 *[VOSH PD 02-433 (03/15/99) or later version],* referenced above.

2. Determine whether the establishment has procedures in place to promptly isolate and manage the care of a resident with suspected or confirmed TB, including an isolation room and other abatement procedures.

3. Determine whether the establishment offers tuberculin skin tests for employees responsible for resident care, specifically those described in CPL 02-00-106 *[VOSH PD 02-433 (03/15/99) or later version],* referenced above.

4. Citation Guidance. The CSHO should refer to CPL 02-00-106 *[VOSH PD 02-433 (03/15/99) or later version],* for enforcement procedures including citation guidance for:

    a. Respiratory Protection (Note: All respiratory protection citations must be cited under 1910.134 - Respiratory Protection).

    b. Accident prevention signs and tags, 1910.145.

    c. Access to employee exposure and medical records, 1910.1020.

    d. Recordkeeping, Part 1904.

J. Workplace Violence

Workplace violence (WPV) is a recognized hazard in nursing and residential care facilities. NIOSH defines workplace violence as violent acts, including physical assaults and threats of assaults, directed toward persons at work or on duty. [10, CDC]

The CSHO shall contact the Health Compliance Director and the DLS Director when issues of workplace violence arise.

Citation Guidance. In accordance with the FOM's general guidance on 5(a)(1) citations (see CPL 02-00-150, starting on page 4-14)*[VOSH PD 02-001F (06/01/11) or later version]*, citations should focus on the specific hazard employees are exposed to, not the events that caused the incident or the lack of a particular abatement method. The workplace violence directive also contains sample language for hazard alert letters.

When conditions indicate that a General Duty Clause citation relating to resident handling may be warranted, the region will treat the inspection as a significant case and follow the procedures in the FOM.

Where there is a need to address workplace violence issues other than through the issuance of a citation, the region, after consulting with the Health Compliance Director, will send a workplace violence hazard alert letter (HAL). See Appendix H for a sample workplace violence hazard alert letter.

K. Other Hazards

As detailed in CPL 02-00-150 *[VOSH PD 02-001F (06/01/11) or later version]*, when additional hazards come to the attention of the compliance officer, the scope of an unplanned inspection may be expanded to include those hazards. Although unprotected occupational exposures to MRSA and other multi-drug-resistant organisms or exposure to hazardous chemicals (i.e., hazard communication) are not included in the target hazards under this directive, if these or other hazards become known during the course of an inspection, they should be investigated.

1. Methicillin-resistant *Staphylococcus aureus* (MRSA) and other multi-drug - resistant organisms (MDROs)

   Nursing and residential care facilities are among the settings at increased risk of potential transmission of MRSA and other MDROs. Compliance officers are expected to investigate situations where it is determined during inspections conducted under this directive that employees are not protected from potential transmission of MDROs such as MRSA.

   Refer to the FOM and other VOSH reference documents prior to proceeding with citation issuance. Recommendations for standard precautions and contact precautions to reduce or eliminate exposure to MRSA and other MDROs are outlined in CDC guidelines, including the *Guidelines for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings, 2007.* [11, CDC] Appendix E contains information that is provided only as an example of language that may be used in an Alleged Violation Description (AVD) for

unprotected occupational exposure to MRSA specific to nursing and residential care facilities.

Note: Violations of applicable VOSH standards (e.g., PPE standards) must be documented in accordance with the FOM. In General Duty Clause citations the recognized hazard must be described in terms of the danger to which employees are exposed, e.g. the danger of being infected with MRSA, not the lack of a particular abatement method. Feasible abatement methods that are available and likely to correct the hazard must be identified.

2. Hazard Communication

Employee exposures to hazardous chemicals, such as sanitizers, disinfectants, and hazardous drugs may be encountered in nursing and residential care facilities. Employers are required to implement a written program that meets the requirements of the Hazard Communication Standard (HCS) to provide worker training, warning labels and access to Safety Data Sheets (SDS).

NOTE: Inspection and citation guidance are contained in OSHA Instruction, CPL 02-02-038, Inspection Procedures for the Hazard Communication Standard [VOSH PD 02-060A (09/15/98) or later version].

IV. Outreach

VOSH will develop outreach programs that will support the efforts of the Agency in addressing the hazards outlined in this directive. Such programs could include communication with employers, professional associations, local unions, local safety councils, apprenticeship programs, local hospitals and occupational health clinics, and/or other industry employer organizations.

A. Rollout Campaign

Speeches, training sessions, and/or news releases through the local newspapers, safety councils and/or industrial hygiene organizations can provide another avenue for dissemination of information. A news release will be prepared at the VOSH Program Office and made available to each Region. Additionally, training materials are available for assistance in this outreach effort.

B. Components of Training

For the purpose of advancing awareness and abatement of these hazards outreach and training efforts should include information on commonly recognized hazards, like patient handling, WPV, occupational exposures to bloodborne pathogens, TB, and MDROs such as MRSA. The OSHA Nursing Home eTool is designed to assist employers

and employees in identifying and controlling the hazards associated with nursing homes and residential care facilities, and can be found at http://www.osha.gov/SLTC/etools/nursinghome/index.html

The OSHA Hospital eTool contains information on occupational exposures to MDROs at http://www.osha.gov/SLTC/etools/hospital/hazards/mro/mro.html

Enforcement Procedures for Investigating or Inspecting Workplace Violence Incidents, CPL 02-01-052, establishes agency enforcement policies and provides uniform procedures which apply when conducting inspections in response to incidents of WPV. OSHA's Nursing Homes and Personal Care Facilities Safety and Health Topics webpage has numerous links, including reference materials related to workplace violence, and is located at http://www.osha.gov/SLTC/nursinghome/index.html. Additional useful references and web links are listed in Appendix C of this directive.

C. Additional Information

For information on participation in or resources available from VOSH's cooperative programs, including Strategic Partnership Program, VPP, OSHA On-site Consultation or Safety and Health Achievement Recognition Program (SHARP), please visit VOSH's Cooperative Program web site at www.doli.virginia.gov.

V. Relationship to Other Programs

A. Unprogrammed Inspections

Unprogrammed inspections will be conducted according to the VOSH FOM or other guidance documents. If the occasion for an unprogrammed, e.g., complaint, fatality, inspection arises with respect to an establishment that is also in the current inspection cycle to receive a programmed inspection, the two inspections may be conducted either concurrently or separately.

VI. Recording and Tracking

A. Coding General Duty Ergonomics Violations in the IMIS System

1. Issuance of a General Duty citation alleging ergonomic hazards or an Ergonomic Hazard Alert Letter (note: this does not include letters which are written in recognition of an employer's efforts) must be recorded in Optional Information, Item 42, using the following format:

	TYPE - ID	VALUE
• General Duty Citations:	N - 03	ERGO-CIT
• Hazard Alert Letters:	N - 03	ERGO-LTR

B. OSHA-7 Item 46

When an OSHA-7 is completed and the complaint alleges employee exposure to workplace violence, CSHOs should enter the code "N-16-Violence" in optional information.

The "N-16-Violence" code applies to the following forms: OSHA-1, OSHA-7, OSHA-36, OSHA-90, and OSHA-55.

C. DUNS Number

The Dun & Bradstreet Data Universal Numbering System (DUNS) number, which is a required entry for all nursing and residential care facilities inspections, must be recorded in the appropriate field on the Establishment Detail Screen. In establishments where ownership has changed, enter the DUNS number for the new owner. If, however, the new owner does not have a new DUNS number, enter the old DUNS. Since the DUNS number is site-sensitive the old number will give some useful data. The field on the Establishment Detail Screen can be accessed by pressing F5 in Item 8 to access establishment processing. Once establishment processing is completed, the DUNS number will appear in Item 9b.

Appendix A

CSHO Quick Reference for Data Collection

1. Confirm that facility employs more than 10 employees and that it is required to keep injury and illness records under 1904.

2. Determine duration of current ownership and proceed accordingly (See Ownership Section of this directive).

3. Verify DART rate from OSHA-300 logs, recalculate for 2009, 2010, and 2011 (*See Recalculate DART: Section of this directive*).

4. DART Rate = (N ÷ EH) x (200,000)

   N = The number of incidents which result in a lost or restricted workday
   EH = Total number of employee work hours
   200,000 = Base for 100 full-time workers, working 40 hours per week, 50 weeks per year

5. Review VOSH-301s and supporting documents where appropriate (*See Recalculate DART: Section of this directive*).

6. Input appropriate IMIS/OIS information.

7. Record DUNS Number.

8. Enter valid inspection type, classification, and industry code.

Appendix B

Release and Consent

I hereby consent and release to the Virginia Department of Labor and Industry, Virginia Occupational Safety and Health (VOSH) program, the right to use my picture and sound being recorded or photographed during a VOSH inspection of _____ (name of facility) commenced on _____ (date). I understand that this recording or photograph will be used solely to document employee safety and health conditions at the facility, and may be used as evidence in legal proceedings related to those conditions.

_____ _____
Signature of Resident Date

In the event that there has been a medical or legal determination that a resident cannot give informed consent to be recorded or photographed, the following shall be used:

On behalf of _____ (name of resident), I hereby grant to the Virginia Department of Labor and Industry, Virginia Occupational Safety and Health (VOSH) program, the right stated above.

_____ _____
Signature of person authorized to give informed consent on resident's behalf Date

_____
Relationship to resident (spouse, child, etc.)

_____ _____
Signature of Witness Date

Appendix C

Reference Material for Nursing Home Facilities Inspections

Publications:

1. Centers for Disease Control and Prevention, *Reported Tuberculosis in the United States*, *2009.* Atlanta, GA: U.S. Department of Health and Human Services, CDC, October 2010.

2. Centers for Disease Control and Prevention, National Institute for Occupational Safety and Health, *Safe Lifting and Movement of Nursing Home Residents*, USDHHS, CDC, NIOSH Pub. No. 2006-117.
http://www.cdc.gov/niosh/docs/2006-117/pdfs/2006-117.pdf

3. Association for Occupational Health Professionals (AOHP), *Beyond Getting Started: A Resource Guide for Implementing a Safe Patient Handling Program in the Acute Care Setting* (2006). AOHP-OSHA Alliance Implementation Team.
http://www.aohp.org/documents/about_aohp/BGS_Summer2011.pdf

4. Centers for Disease Control and Prevention, National Institute for Occupational Safety and Health, *Musculoskeletal Disorders and Workplace Factors*, 2nd printing, U.S. DHHS, CDC, NIOSH Pub. No. 97-141.
http://www.cdc.gov/niosh/docs/97-141/pdfs/97-141.pdf

5. *Musculoskeletal Disorders and the Workplace: Low Back and Upper Extremities,* National Academy of Sciences, Institute of Medicine (2001).

6. *Back Injury Prevention Guide in the Health Care Industry for Health Care Providers*, CalOSHA (11/97).
http://www.dir.ca.gov/dosh/dosh_publications/backinj.pdf

7. Centers for Disease Control and Prevention, National Institute for Occupational Safety and Health, *Elements of Ergonomic Programs: A Primer based on Workplace Evaluations of Musculoskeletal Disorders*, DHHS/NIOSH Pub. No. 97-117. [Note: There are links on the Ergonomics Tech Links page to the NIOSH documents]

8. OSHA Publication 3182, *Guidelines for Nursing Homes: Ergonomics for the Prevention of Musculoskeletal Disorders*.
http://www.osha.gov/ergonomics/guidelines/nursinghome/final_nh_guidelines.html

9. OSHA Publication 3148, *Guidelines for Preventing Workplace Violence for Health Care and Social Service Workers.*
https://www.osha.gov/Publications/OSHA3148/osha3148.html

10. Centers for Disease Control and Prevention, National Institute for Occupational Safety and Health. (2002). *Violence Occupational Hazards in Hospitals*. DHHS (NIOSH) Pub. No. 2002-101.
http://www.cdc.gov/niosh/docs/2002-101/#5

11. Centers for Disease Control and Prevention, *Guidelines for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings, 2007*, www.cdc.gov/hicpac/pdf/isolation/Isolation2007.pdf

12. OSHA Publication 3186, *Model Plans and Programs for the OSHA Bloodborne Pathogens and Hazard Communication Standards.* http://www.osha.gov/Publications/osha3186.html

13. OSHA Publication 3245, *OSHA Recordkeeping Handbook*. http://www.osha.gov/recordkeeping/handbook/index.html

14. Centers for Disease Control and Prevention, Morbidity and Mortality Weekly Report (MMWR): "Guidelines for Preventing the Transmission of *Mycobacterium tuberculosis* in Health-Care Settings, 2005," December 30, 2005/Vol. 54/No. RR-17.

15. "Occupational Injuries and Illnesses; Recording and Reporting Requirements," published in the Federal Register on January 19, 2001 (66 FR 5915).

Additional Web links:

http://www.cdc.gov/tb

http://www.cdc.gov/MMWR/preview/MMWRhtml/rr5210a1.htm

http://www.cdc.gov/mrsa

http://www.cdc.gov/HAI/prevent/ppe.html

http://www.cdc.gov/HAI/settings/ltc_settings.html

http://wwwnc.cdc.gov/eid/article/7/2/70-0205_article.htm

http://www.jstor.org/stable/10.1086/592416

http://www.cdc.gov/niosh/homepage.html

http://www.cdc.gov/niosh/docs/2006-117

http://www.cdc.gov/niosh/topics/ergonomics

http://www.cdc.gov/niosh/topics/healthcare

http://www.cdc.gov/HAI/organisms/visa_vrsa/visa_vrsa.html

http://www.cdc.gov/HAI/organisms/vre/vre.html

http://www.cdc.gov/HAI/organisms/cre/index.html

http://www.cdcnpin.org/scripts/tb/program.asp

https://www.osha.gov/SLTC/workplaceviolence/index.html

http://www.osha.gov/SLTC/healthcarefacilities/index.html

http://www.osha.gov/SLTC/nursinghome/index.html

http://www.osha.gov/SLTC/etools/hospital/index.html

http://www.osha.gov/SLTC/etools/nursinghome/index.html

http://www.osha.gov/SLTC/etools/hospital/hazards/slips/slips.html

http://www.osha.gov/SLTC/tuberculosis/index.html

http://www.osha.gov/SLTC/etools/hospital/hazards/tb/tb.html

Oregon Coalition for Healthcare Ergonomics: http://hcergo.org

Appendix D

Sample General Duty AVD for Resident Handling Hazards

NOTE: Refer to the FOM and other VOSH reference documents prior to proceeding with citation issuance. The following is provided ONLY as an example of the language that may be used in an Alleged Violation Description (AVD) for resident handling-related incidents.

The General Duty Clause

Va. Code Section 40.1-51.1(a): The employer did not furnish employment and a place of employment which were free from recognized hazards that were causing or likely to cause death or serious physical harm to employees, in that employees were required to perform lifting tasks resulting in stressors that have caused or were likely to cause musculoskeletal disorders (MSDs):

a). Location – Address:
On or about *Date* employees were exposed to _____ hazards which were causing or likely to cause _____ . Employees were required to transfer non-weight bearing and partial weight bearing residents manually by lifting or partially lifting them, exposing employees to lifting-related hazards resulting in injuries and disorders such as lumbar or back strain/sprain/pain, herniated/ruptured disk, injury to the L5/S1 disc, and various shoulder injuries.

Abatement

Feasible means of abatement include but are not limited to implementing a safe patient handling and movement policy for transferring and lifting of non-weight bearing and partial weight bearing residents. This necessitates the use of mechanical lift assist and transfer devices. *Note: AVD must be adapted to the specific circumstances noted in each inspection. The AVD above is an example that will be appropriate in some circumstances.*

Appendix E

Sample General Duty AVD for MRSA/MDRO Exposure

NOTE: Refer to the FOM and other VOSH reference documents prior to proceeding with citation issuance. The following is provided ONLY as an example of the language that may be used in an Alleged Violation Description (AVD) for unprotected MRSA/MDRO exposure.

General duty clause, Va. Code Section 40.1-51.1(a) – refer to the CDC guidelines: *Guidelines for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings, 2007*, which recommends standard precautions and contact precautions to reduce or eliminate exposure to MRSA and other types of multi-drug-resistant organisms (MDRO). Abatement would include hand hygiene, cohorting of patients/residents, device and laundry handling.

The General Duty Clause

Va. Code Section 40.1-51.1(a): The employer did not furnish employment and a place of employment which were free from recognized hazards that were causing or likely to cause death or serious physical harm to employees in that employees were exposed to communicable diseases:

a). Location – Address:
On or about *Date* employees were exposed to drug-resistant organisms while providing care to residents colonized or infected with organisms such as, but not limited to, methicillin-resistant s*taphylococcus aureus* (MRSA).

Abatement

Feasible means of abatement include, but are not limited to: a) providing training on all routes of transmission of infections, the proper personal protective equipment to be used, and infection control practices to be utilized; b) notifying employees about status of any resident with infection or colonization prior to beginning care assignments for every shift; c) cohorting patients/residents; and d) using administrative controls, such as limiting access to patients/residents with MRSA/MDRO infection/colonization by non-essential personnel.

APPENDIX F

Federal References

OSHA Instruction CPL 02-00-150, *Field Operations Manual*, April 22, 2011.

OSHA Instruction CPL 02-00-144, *Ergonomic Hazard Alert Letter Follow-up Policy*, April 11, 2007.

OSHA Instruction CPL 02-01-052, *Enforcement Procedures for Investigating or Inspecting Workplace Violence Incidents*, September 8, 2011.

OSHA Instruction CPL 02-00-106, *Enforcement Procedures and Scheduling for Occupational Exposure to Tuberculosis*, February 9, 1996.

45 CFR Subtitle A, Subchapter C, Part 164 -- Security and Privacy, Subpart E - *Privacy of Individually Identifiable Health Information*, Section 164.512.

Bureau of Labor Statistics (BLS), Table 1. Incidence Rates of Nonfatal Occupational Injuries and Illnesses by Industry and Selected Case Types, 2010.

OSHA Instruction CPL 02-00-025, *Scheduling System for Programmed Inspections*, January 4, 1995.

OSHA Instruction CPL 02-02-069, *Enforcement Procedures for the Occupational Exposure to Bloodborne Pathogens*, November 27, 2001.

OSHA Instruction CPL 02-00-106, *Enforcement Procedures and Scheduling for Occupational Exposure to Tuberculosis*, February 9, 1996.

OSHA Instruction CPL 02-00-135, *Recordkeeping Policies and Procedures Manual (RKM)*, December 30, 2004.

OSHA Instruction CPL 02-00-144, *Ergonomic Hazard Alert Letter Follow-up Policy*, April 11, 2007.

OSHA Instruction CPL 02-00-150, *Field Operations Manual (FOM)*, April 22, 2011, and subsequent changes.

OSHA Instruction CPL 02-02-038, *Inspection Procedures for the Hazard Communication Standard*, March 20, 1998.

OSHA Instruction CPL 02-02-072, *Rule of Agency Practice and Procedure Concerning OSHA Access to Employee Medical Records*, August 22, 2007.

OSHA Instruction CPL 02-01-052, *Enforcement Procedures for Investigating or Inspecting Workplace Violence Incidents*, September 8, 2011.

OSHA Instruction CSP 03-02-002, *OSHA Strategic Partnership Program for Worker Safety and Health*, December 9, 2004.

OSHA Notice 11-03 (CPL 02), Site-Specific Targeting 2011 (SST-11), September 9, 2011, and successive annual notices.

OSHA Instruction STD 01-01-013, *Fall Protection in General Industry*, April 16, 1984.

APPENDIX G

ERGONOMICS HAZARD ALERT LETTER

[DATE]

[EMPLOYER
CONTACT INFORMATION]

SUBJECT: [EMPLYER NAME]
VOSH Inspection Number [########]

Dear Mr./Ms. [EMPLOYER REPRESENTATIVE]:

A Virginia Occupational Safety and Health (VOSH) inspection of the above facility on [OPENING CONFERENCE DATE], revealed that employees were exposed to potentially hazardous working conditions associated with injuries of the musculoskeletal system. The purpose of this letter is to bring your attention to these hazards and to encourage you to address it in facility.

Our inspection found that you have not developed or implanted measures to protect workers from hazards associated with musculoskeletal injuries at your workplace. [E.G., A LIMITED NUMBER OF MUSCULOSKELETAL INJURIES HAVE OCCURRED TO EMPLOYEES OVER THE PAST TWO YEARS, AND WHILE YOUR COMPANY HAS ATTEMPTED TO IMPLEMENT SOME CORRECTIVE MEASURES, ISOLATED INJURIES CONTINUE TO OCCUR].

We do not consider it appropriate at this time to invoke the General Duty Clause, Va. Code §40.1-51.1(a), which provides that:

> "It shall be the duty of every employer to furnish to each of his employees safe employment and a place of employment which is free from recognized hazards that are causing or likely to cause death or serious physical harm to his employees….".

No citations will be issued at this time. In the interest of workplace safety and health, however, we recommend that you voluntarily take the necessary steps to eliminate or materially reduce your employees' exposure to the risk factors stated above.

Potential feasible methods to protect employees from this workplace hazard for you to consider are listed below:

[LIST APPROPRIATE REFERENCES/PUBLICATIONS]

[LIST APPROPRIATE ABATEMENT ACTIONS]

EXAMPLES:

1. *Implementation of control measures such as mechanical devices, redesigning workstations, and modifications to employee workloads.*

2. *Changes to the way injuries are reported, recorded and addressed.*

3. *Employee training on identifying workplace hazards associated with musculoskeletal injuries, techniques for using mechanical devices to avoid unnecessary exposure to hazards, etc.*

Although no citation(s) will be issued at this time, the issuance of this letter does not preclude the VOSH program from issuing a general duty violation in the future should such hazards recur.

The State of Virginia offers VOSH Consultation services without charge, to assist in resolving all occupational safety and health issues. However, the variety of services available or the scheduling of those services may be limited by the VOSH Consultation project's requirement to give priority to small businesses in high hazard industries and by its backlog.

To discuss or request the services call or write Warren Rice, Manager, Consultation Services, Virginia Department of Labor and Industry, Main Street Centre, 600 East Main Street, Richmond, Virginia 23219, 804-786-6613.

If you have any questions, please feel free to call the Regional Office at [###-###-####].

Sincerely,

[REGIONAL HEALTH DIRECTOR]

Attachments:

Copy of Appendix C, Reference Material for Nursing Home Facilities Inspections, VOSH Program Directive 02-106 (2013)

APPENDIX H

WORKPLACE VIOLENCE HAZARD ALERT LETTER

[DATE]

[EMPLOYER
CONTACT INFORMATION]

SUBJECT: [EMPLYER NAME]
VOSH Inspection Number [########]

Dear Mr./Ms. [EMPLOYER REPRESENTATIVE]:

A Virginia Occupational Safety and Health (VOSH) inspection of the above facility on [OPENING CONFERENCE DATE], revealed that employees were exposed to potentially hazardous working conditions associated with workplace violence. The purpose of this letter is to bring your attention to this hazard and to encourage you to address it in facility.

Our inspection found that you have not developed or implanted measures to protect workers from assaults at your workplace. [E.G., TWO EMPLOYEES OVER THE PAST TWO YEARS REPORT BEING ASSAULTED BY A CLIENT, BUT NEITHER OF THESE INCIDENTS HAD BEEN REPORTED TO THE EMPLOYER].

We do not consider it appropriate at this time to invoke the General Duty Clause, Va. Code §40.1-51.1(a), which provides that:

> "It shall be the duty of every employer to furnish to each of his employees safe employment and a place of employment which is free from recognized hazards that are causing or likely to cause death or serious physical harm to his employees….".

No citations will be issued at this time. In the interest of workplace safety and health, however, we recommend that you voluntarily take the necessary steps to eliminate or materially reduce your employees' exposure to the risk factors stated above.

Potential feasible methods to protect employees from this workplace hazard for you to consider are listed below:

[LIST APPROPRIATE REFERENCES/PUBLICATIONS]

[LIST APPROPRIATE ABATEMENT ACTIONS]

EXAMPLES:

1. *Establish a comprehensive program of medical and psychological counseling and debriefing for employees experiencing or witnessing assaults and other violent incidents.*

2. *Develop work schedules that would ensure that employees are not working alone.*

3. *Provide reliable means of communication to employees who may need to summon assistance. One possible means of communication is the use of two-way radios.*

4. *The team coordinator should periodically inspect the workplace and evaluate employee's tasks to identify hazards, conditions, operations and situations that could lead to violence.*

5. *Identify potential places of safety and shelter at each work location.*

6. *Conduct mandatory training for employees to learn, at a minimum, the following items:*

    a. *How to recognize the earliest stages of a possible assault.*
    b. *How to avoid or mitigate potential violent encounters (including some words that non-English speakers may use to help de-escalate an assault.*
    c. *How to seek refuge/assistance if violence appears imminent.*
    d. *How to use restraint and/or release techniques.*

7. *Place curved mirrors at hallway intersections or concealed areas.*

Although no citation(s) will be issued at this time, the issuance of this letter does not preclude the VOSH program from issuing a general duty violation in the future should such hazards recur.

The State of Virginia offers VOSH Consultation services without charge, to assist in resolving all occupational safety and health issues. However, the variety of services available or the scheduling of those services may be limited by the VOSH Consultation project's requirement to give priority to small businesses in high hazard industries and by its backlog.

To discuss or request the services call or write Warren Rice, Manager, Consultation Services, Virginia Department of Labor and Industry, Main Street Centre, 600 East Main Street, Richmond, Virginia 23219, 804-786-6613.

If you have any questions, please feel free to call the Regional Office at [###-###-####].

Sincerely,

[REGIONAL HEALTH DIRECTOR]

Attachments:

OSHA's Internet Web Page on Workplace Violence